

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1					
9	0					
10	1					
11	0					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10					
TOTAL CLAIMS	11	1	1	1	1	1

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						